



WENTWORTH-DOUGLASS HOSPITAL

Joint Notice of Health Information Practices

HIPAA-02

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Effective Date:	04/14/03	Last Reviewed	1/3/03
Function:	Information Management		
Developer	HIPAA Privacy Team	Last Revised:	1/3/03
Author:	Warren Parlee	Supersedes:	

Authorization:

President/CEO, WDH

President, Medical Staff

I. PURPOSE:

To provide instructions for the use of the JOINT NOTICE OF HEALTH INFORMATION PRACTICES.

II. POLICY:

Wentworth-Douglass Hospital is committed to keeping its patients and the public informed about how it protects the privacy of patient's medical information. Accordingly, it will develop and maintain a Joint Notice of Health Information Practices that will be made available to all patients and any individual of the public who requests a copy.

III. RESPONSIBILITY:

It is the responsibility of employees, managers, volunteers, licensed independent practitioners, and the medical staff to have knowledge of this policy.

IV. PROCEDURE (See attachment)

V. DISTRIBUTION

This policy shall be distributed to all departments in all entities.

VI. FILING INSTRUCTIONS

This policy shall be filed in the Information Management (HIPAA) section of the Wentworth-Douglass Hospital policy manual and online. It supersedes any and all previous policies related to this topic.

PROCEDURE

1. PROVIDING NOTICE

As of the compliance date, currently April 14, 2003, a Joint Notice of Health Information Practices shall be provided to each patient before or at the time he or she first receives care at the Hospital. If the patient agrees, the Joint Notice may be sent in electronic form, via e-mail. In addition to providing patients with copies of the Joint Notice, the Hospital and each of its satellite facilities will have the Joint Notice available on-site for any individual to request and take with them. Those facilities will, similarly, post the Joint Notice in a clear and prominent location where individuals visiting the facility are able to read it. Lastly, the Joint Notice will be posted on the Hospital web site.

If the patient is in an emergency condition, the provision of Joint Notice may be delayed until the emergency passes. The notice shall be provided as soon as practicable thereafter. If the patient is no longer at the Hospital when the emergency passes, the Joint Notice shall be delivered to the patient via U.S. postal mail.

2. WRITTEN ACKNOWLEDGMENT OF RECEIPT

At the time the Joint Notice is provided, the Hospital shall make a good faith effort to obtain the patient's written acknowledgment of receipt. This does not apply if the patient is in an emergency condition. A good faith effort consists of providing a form ([see attached](#)) upon which the patient may acknowledge receipt of the Joint Notice and requesting (either in person or on the form) that the patient return the form to the Hospital.

3. PROVIDING AMENDED NOTICE

The Hospital retains the right to amend its Joint Notice at any time. As of the effective date of the revision, the Hospital will make the revised Joint Notice available on request, have the Joint Notice available at every site where the Hospital delivers care, and post the Joint Notice in a clear and prominent location.

4. ALTERING THE NOTICE

The Joint Notice of Health Information Practices has been carefully developed to reflect the Hospital's current practices concerning handling of medical information and to comply with federal law. Employees are directed not to make alterations to the Joint Notice before posting it or providing copies to individuals. Any suggestions for changes to the Joint Notice should be directed to the Hospital's Privacy Officer.

5. RETAINING THE NOTICE

Versions of the Joint Notice of Health Information Practices shall be retained, in accordance with the HIPAA regulations, for six years from the date of that version's creation or the date when it was last in effect, whichever is later.

**ACKNOWLEDGMENT OF RECEIPT OF
JOINT NOTICE OF HEALTH INFORMATION PRACTICES**

I have received a copy of the Joint Notice of Health Information Practices. The Joint Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Joint Notice may be changed at any time. I may obtain a revised copy of the Joint Notice by calling (603) 740-3235, on this Organization's website at www.wdhospital.com, or by requesting one at this Organization's offices.

(DATE)

(Patient's signature)

(PRINT Patient Name)

(Signature of Patient Representative)*

(Relationship to Patient)

***As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.**

WENTWORTH-DOUGLASS HOSPITAL SUMMARY JOINT NOTICE OF HEALTH INFORMATION PRACTICES

We are required by federal law to provide a Joint Notice of Health Information Practices that describes how health information that we maintain about you may be used or disclosed. The Joint Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws.

USES AND DISCLOSURES

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- to provide information about your health condition to others who may treat you;
- to provide information about the treatment that we provided in order to obtain payment from your health plan;
- to report a communicable disease, domestic violence or criminal activity; or
- to comply with a court order requiring the disclosure of your medical record.

These examples are merely illustrative. For a full description of the uses and disclosures that we are permitted to make, consult the Joint Notice of Health Information Practices.

YOUR RIGHTS

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and receive a copy of the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Joint Notice.

OUR OBLIGATIONS

We are required to provide you with our Joint Notice of Health Information Practices and to abide by its terms. We may amend the Joint Notice from time to time. All amendments apply retroactively.

Our full Joint Notice of Health Information Practices is attached or enclosed. Please read it carefully. If you have any questions or require additional information, please contact:

**Privacy Officer
Wentworth-Douglass Hospital
789 Central Avenue
Dover NH 03820
Telephone #: (603) 740-3235**

**WENTWORTH-DOUGLASS HOSPITAL
JOINT NOTICE OF HEALTH INFORMATION PRACTICES
EFFECTIVE DATE: April 14, 2003**

THIS JOINT NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

When this Joint Notice refers to “we” or “us”, it is referring to Wentworth-Douglass Hospital, the independent contractor members of its Medical Staff (including your physician’s practice), and other health care providers affiliated with Wentworth-Douglass Hospital.

This Joint Notice describes how we will use and disclose your health information. The policies outlined in this Joint Notice apply to all of your health information generated by this Organization, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other Organizations by any health care professional, employee or volunteer who participates in your care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
 - a. Uses or disclosures for purposes relating to treatment, payment and health care operations:
 - I. **Treatment.** We may use or disclose your health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - II. **Payment.** We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
 - III. **Health Care Operations.** We may use and/or disclose your health information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity, to

allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility. We may also contact you as part of our efforts to raise funds for the Organization. All fundraising communications will include information about how you may opt out of future fundraising communications.

- b. To create materials that originally had any identifying information concerning you deleted from the final materials;
- c. When required by law;
- d. For public health purposes;
- e. To disclose information about victims of abuse, neglect, or domestic violence;
- f. For health oversight activities, such as audits or civil, administrative or criminal investigations;
- g. For judicial or administrative proceedings
- h. For law enforcement purposes;
- i. To assist coroners, medical examiners or funeral directors with their official duties;
- j. To facilitate organ, eye or tissue donation;
- k. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
- l. To avert a serious threat to health or safety;
- m. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
- n. For workers' compensation purposes, as permitted by law.

We may also use or disclose your health information in the following circumstances. Except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- 1. Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
- 2. Notifications.** We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close

personal friends of your location, general condition, death, and to Organizations that are involved in those tasks during disaster situations.

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS

- 1. To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are **not** required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Joint Notice.
- 2. To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than at home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.
- 3. To Access and copy Health Information.** You have the right to inspect and receive a copy of any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Joint Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the Federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would

reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

- 4. To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice.
- 5. To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will **not** be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003 for the purpose of notifying your family or friends about your whereabouts, (vii) disclosures that occurred prior to April 14, 2003, (viii) disclosures made pursuant to an authorization signed by you, (ix) disclosures that are part of a limited data set, (x) disclosures that are incidental to another permissible use or disclosure, or (xi) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.
- 6. To a Paper Copy of this Joint Notice.** You have the right to obtain a paper copy of this Notice upon request.

OUR DUTIES

1. We are required by law to maintain the privacy of your health information and to provide you with this Joint Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Joint Notice. We reserve the right to change the terms of this Joint Notice and to make those changes applicable to all health information that we maintain. Any changes to this Joint Notice will be posted on our website and at our facility, and will be available from us upon request.

COMPLAINTS

You can complain to us and to the Federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

DESIGNATED CONTACT PERSON:

Privacy Officer
Wentworth-Douglass Hospital
789 Central Avenue
Dover NH 03820
Telephone #: (603) 740-3235

**NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT
BETWEEN HOSPITAL AND MEDICAL STAFF**

Wentworth-Douglass Hospital, the independent contractor members of its Medical Staff (including your physician), and other health care providers affiliated with the Hospital have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs in a clinically integrated setting. This notice is being provided to you as a supplement to the Joint Notices of Health Information Practices.

**NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT BETWEEN
HEALTH PARTNERS OF NEW HAMPSHIRE
AND
PHYSICIANS ASSOCIATION OF STRAFFORD COUNTY**

Your physician participates in Health partners of New Hampshire and Physicians Association of Strafford County, organizations formed by physicians practicing at Wentworth-Douglass Hospital to help integrate the care you receive. The physicians participating in these arrangements have agreed, along with the Hospital, to share your health information among themselves as permitted by law for purposes of treatment, payment and health care operations. This enables us to better address your health care needs in a clinically integrated setting. This notice is being provided to you as a supplement to the Joint Notice of Privacy Practices already given to you.
